

(b) An institutional provider shall have 30 calendar days following the receipt of the written Report of Findings within which to file a request for formal hearing with the Director. The request shall be deemed filed on the date mailed to the Department. The audit findings, as amended by the Report of Findings, shall be considered final and deemed dispositive of all issues raised; the Statement of Disputed Issues filed pursuant to Section 51022 at the end of this period unless good cause for late filing is found.

(c) A request for formal hearing filed after the time permitted in subsection (b) shall be rejected unless the provider establishes in writing good cause for late filing within 15 calendar days of being notified of the untimeliness of its request.

(d) A formal hearing shall routinely be scheduled in each case involving a Non-institutional provider. No separate request for formal hearing shall be required.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Amendment filed 10-11-84; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 84, No. 41).

§ 51025. Notice of Formal Hearing.

Written notice of the time and place of formal hearing shall be mailed to each party at least 30 calendar days before the date of hearing. This period may be shortened with the consent of the parties. Any party may waive notice.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

§ 51026. Department Mailings.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Repealer and new section filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 29).

Time and Place of Informal Level of Review and Formal Hearing.

(a) The hearing officer shall determine the time and place of an informal level of review or formal hearing. The informal level of review or formal hearing shall be held at one of the following locations:

(1) In the County of:

(A) San Francisco if the provider resides within the First Appellate District.

(B) Los Angeles if the provider resides within the Second or Fourth Appellate District.

(C) Sacramento if the provider resides within the Third or Fifth Appellate District.

(b) Notwithstanding subdivision (a), the hearing officer may select:

(1) A different place nearer the place where the provider resides.

(2) Any place within the State agreeable to the parties.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Amendment filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 29).

§ 51026. Merger of Successive Requests for Hearings.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Repealer filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 2).

§ 51029. Consolidation of Proceedings.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Repealer filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 29).

§ 51030. Hearing Officer's Authority.

(a) The hearing officer may, on his/her own motion or the motion of any party, as the hearing officer deems appropriate:

(1) Consolidate for hearing or decision any number of issues or appeals when the facts and circumstances are similar and no substantial right of any party will be prejudiced.

(2) Join other parties, grant continuances and hold additional formal hearings as necessary to dispose of all issues.

(3) Hear any issue before any other issue in the proceeding where it is found that the decision on that issue could abate further proceedings.

(4) Prepare a proposed decision on any separately heard issue for the Director's signature and postpone hearing on any remaining issues until a final decision has been issued by the Director.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Repealer and new section filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 29).

§ 51031. Severance of Issues.

NOTE: Authority cited: Sections 14105, 14124.5 and 14171, Welfare and Institutions Code. Reference: Section 14171, Welfare and Institutions Code.

HISTORY

1. Repealer filed 7-15-85; effective thirtieth day thereafter (Register 85, No. 29).

§ 51032. Discovery.

(a) After the acceptance of the Statement of Disputed Issues, a party, upon written request made to another party, prior to the hearing and within thirty (30) calendar days after receipt of the Notice of Acceptance of the Statement of Disputed Issues or within fifteen (15) calendar days after the receipt of the Notice of Acceptance of an amended Statement of Disputed Issues or issuance of a Report of Findings, is entitled to:

(1) Obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the informal hearing or formal hearing.

(2) Inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(A) Statements pertaining to the subject matter of the proceeding made by any party to another party or person.

(B) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for disputed audit or examination findings, not included in subdivision (2)(A).

(C) All writings, including but not limited to audit work papers, patient ledgers, medical records and invoices or things which the party then proposes to offer into evidence.

(D) Other writing or thing which is relevant and which would be admissible in evidence.

(E) Investigative reports made for or on behalf of the Department or other party pertaining to the subject matter of the proceeding, to the extent that such reports:

(1) Contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the disputed audit or examination findings.

(2) Reflect matters perceived by the investigator in the course of his investigation.

(3) Contain or include by attachment any statement or writing described in subsections (2)(A) through (2)(D) inclusive, or summary thereof.

(4) For the purpose of this section, "statements" includes written statements by the person, signed or otherwise authenticated by the person, stenographic, mechanical, electrical or other recordings, or transcripts thereof, or oral statements by the person and written reports or summaries of such oral statements.

(5) Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

(6) Any denial of discovery by a party shall be in writing and shall be accompanied by a written statement describing the specific reasons for denial as to each item of discovery denied. Such a denial shall be mailed within 30 calendar days from the date of filing the request for discovery.

TN 95-017  
Supersedes  
TN 92-12

Approval Date 10/1/98

Effective Date August 1, 1995

Attachment 4.19-D  
Appendix 4  
Page 1

Title 22

Health Care Services

§ 51511.3

TRANSITIONAL INPATIENT CARE (TC)  
HFWA TRIGGERING

FACILITY	NO TC CONTRACTOR HFWA IS NOT TRIGGERED	TC CONTRACT AWARDED HFWA TRIGGERED TC BEDS UNAVAILABLE*	TC CONTRACT AWARDED HFWA TRIGGERED TC BEDS AVAILABLE
Hospital with TC contract	Not Applicable		May transfer patient
Hospital without TC contract	Retain patient at Hospital Inpatient Services Reimbursement**		No TC Authorization****

\*Transitional inpatient care beds may not be available because all the beds in the transitional inpatient care units are occupied, or facilities may not accept the patient due to level of care or staffing considerations.

\*\*The hospital inpatient services reimbursement for contracted hospitals as provided in Article 2.7 of the Welfare and Institutions Code shall be the rate specified in the hospital contract. The hospital inpatient services reimbursement for non-contract hospitals is set forth in Article 7.5 of Title 22 California Code of Regulations. Reimbursement at this level will be made if the hospital is not in an area triggered as provided in subsection (b)(3).

\*\*\*Acute administrative day process applies as specified in the Manual of Criteria for Medi-Cal authorization.

\*\*\*\*Transitional inpatient care days will not be authorized in this circumstance.

(1) The hospital referral area for transitional inpatient care placement shall not impose additional commute from the general acute care hospital location of more than 15 miles, which shall be defined as 30 minutes at 30 miles per hour, for the person designated as the patient's primary visitor.

(2) The Department and general acute care hospitals shall maintain a list of all health facilities which have contracted to provide transitional inpatient care. General acute care hospitals shall receive written notification from the Department of changes to that list. Upon request, a list of current health facilities contracted to provide transitional inpatient care shall be available from the Department. The certified nursing facilities included on this list shall be contacted before any other certified nursing facility in placement attempts for any appropriate Medi-Cal patient.

(3) The Department will reimburse general acute care hospitals for transitional inpatient care services, provided in licensed acute care hospital beds, at the hospital inpatient services reimbursement rate until there is a contracted transitional inpatient care provider within the general acute care hospital's Health Facility Planning Area (HFWA) as developed by the Office of Statewide Health Planning and Development pursuant to Health and Safety Code Sections 127000 et seq. If a general acute care hospital is within 15 miles (which shall be defined as 30 minutes at 30 miles per hour) of a health facility in a neighboring HFWA that contracts to provide transitional inpatient care, the hospital will be considered within the contracted health facility's HFWA and subject to the provisions of transitional inpatient care reimbursement. The HFWA shall be triggered for transitional inpatient care when a provider is awarded a contract to provide transitional inpatient care. The HFWA shall be triggered for transitional rehabilitation care when a provider is awarded a contract to provide transitional rehabilitation care. The word "triggered" means that there is a contracted transitional inpatient care provider in the HFWA, and general acute care hospitals within that HFWA, or neighboring HFWA, as specified, will receive the transitional inpatient care reimbursement of [redacted] for the care rendered to qualified patients if:

(A) The general acute care hospital maintains a transitional inpatient care contract with the Department; or

(B) The general acute care hospital does not have a transitional inpatient care contract with the Department but makes daily attempts and documents daily attempts to place the qualified transitional inpatient care patient in a transitional inpatient care unit.

(4) For general acute care hospitals that contract for the provision of transitional inpatient care services provided in licensed general acute care hospital beds, the Department will reimburse the transitional inpatient

care per diem of [redacted] when the general acute care hospital's HFWA is designated a trigger area.

(5) General acute care hospitals in that HFWA will be provided notice that the transitional inpatient care reimbursement rate will be paid to the general acute care hospital for a transitional inpatient care patient.

(c) In specified HFWAs, the reimbursement to health facilities for transitional medical care and transitional rehabilitation care provided to Medi-Cal patients shall be based on a negotiated contract. "Negotiated contract" means an executed contract resulting from negotiations, competitive bidding or any other method the Department deems appropriate as permitted by Sections 14087.3 and 14132.22(o) of the Welfare and Institutions Code.

(1) The contracting process used for a negotiated contract shall include, but not be limited to, the following steps:

(A) The Department will first determine the Medi-Cal patients' transitional inpatient care needs within the HFWA. Projections of transitional inpatient care service for patients within the HFWA will then be established. The projected transitional inpatient care service needs within the HFWA will be met by negotiating contracts for sufficient bed capacity.

(B) Health facilities as specified in Section 14132.22 of the Welfare and Institutions Code in an HFWA selected by the Department will be notified of the opportunity to negotiate a contract for the provision of transitional inpatient care services to Medi-Cal patients.

(C) Health facilities which indicate an interest in negotiating a contract for the provision of transitional inpatient care will be asked to present their proposal to the Department.

(D) The Department will contract with only the number of providers necessary to assure sufficient bed capacity and accessibility of transitional inpatient care services within the HFWA to Medi-Cal patients. Transitional inpatient care capacity projected to be needed in an HFWA may be contracted for in a neighboring HFWA.

(E) All affected health facilities in each HFWA will be notified when projected needs have been met in accordance with paragraphs (A) and (D). Affected hospitals will be designated as contracting for transitional inpatient care or non-contracting for transitional inpatient care and will be notified of facilities contracting to meet the projected transitional inpatient care needs within the HFWA.

(F) Once designation has occurred in accordance with paragraph (E), the Department is exempt from the provisions of paragraphs (B) and (C).

(2) Hospitals, without a negotiated contract for transitional inpatient care, shall receive the administrative day reimbursement of [redacted] or the provision of transitional inpatient care to Medi-Cal patients as long

TN 98-015  
Supersedes  
TN \_\_\_\_\_

Page 490.1

Revised 7/79 No. 22.5-16-97

Approval Date 6/11/99

Effective Date August 1, 1998

Attachment 4.19-D  
Appendix 4  
Page 2

§ 51511.5

BARCLAYS CALIFORNIA CODE OF REGULATIONS

Title 22

as placement attempts to facilities with a transitional inpatient care contract are documented.

(d) Payment under subsection (a) and (b) shall only be made for services authorized pursuant to conditions set forth in Section 51335.1 for a patient determined to need transitional inpatient care services.

(e) Each provider of transitional inpatient care services shall furnish equipment, drugs, supplies, and services necessary to provide transitional level services except as provided in subsection (d). Such equipment, drugs, supplies, and services are, at a minimum, those which are required by law, including those required by federal Medicaid regulations and state licensing regulations.

(f) Not included in the per diem reimbursement and to be billed separately by the provider thereof, subject to the utilization controls and limitations of Medi-Cal regulations covering such services and supplies are:

- (1) Allied health services, except occupational therapy, physical therapy, speech therapy and respiratory therapy
- (2) Blood, plasma, and substitutes
- (3) Dental services
- (4) DME as specified in Section 51321(g), except suction pumps, IV poles, oxygen and oxygen therapy equipment, excluding ventilators
- (5) Decubitus care equipment
- (6) Traction equipment and accessories
- (7) Hemodialysis
- (8) Insulin
- (9) Laboratory services
- (10) Legend drugs
- (11) MacLaren or Pogon Buggy
- (12) Medical supplies as specified in Section 59998, except hypodermoclysis sets and intravenous solutions administration sets
- (13) Osteogenesis stimulator device
- (14) Physician services
- (15) Plasmapheresis
- (16) Prescribed prosthetic and orthotic devices for exclusive use of patient
- (17) Reagent testing sets
- (18) X-rays

(g) Not included in the transitional inpatient care per diem reimbursement rate nor in the Medi-Cal schedules of benefits are personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shave or shampoos performed by the facility staff as part of patient care and periodic hair trims) and television rental.

(h) Payment for leave of absence for the transitional rehabilitation patient authorized in accordance with Section 51335.1(p) shall be made pursuant to Section 51535.

(i) Payment for bedhold authorized in accordance with Section 51335.1(q) shall be made pursuant to Section 51535.1.

(j) Reimbursement to physicians for all medically necessary care provided to transitional inpatient care patients shall be commensurate with those visits to non-transitional acute care patients in general acute care hospitals.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 127000 et seq. Health and Safety Code; and Sections 14105.981 and 14132.22, Welfare and Institutions Code.

HISTORY

1. New section filed 4-1-96 as an emergency; operative 4-1-96 (Register 96, No. 14). A Certificate of Compliance must be transmitted to OAL by 9-30-96 pursuant to Welfare and Institutions Code section 14132.22 or emergency language will be repealed by operation of law on the following day.
2. Editorial correction of subsection (b), table, subsection (f), and HISTORY 1 (Register 96, No. 35).
3. New section refiled 8-28-96 as an emergency; operative 9-30-96 (Register 96, No. 35). A Certificate of Compliance must be transmitted to OAL by 1-28-97 or emergency language will be repealed by operation of law on the following day.
4. Certificate of Compliance as to 8-28-96 order, including amendment of section, transmitted to OAL 1-22-97 and filed 3-10-97 (Register 97, No. 11).

§ 51511.5. Nursing Facility Services—Subacute Care Reimbursement.

(a) The all-inclusive per diem rates of reimbursement for subacute services as defined in Section 51335.5(a) shall be the lesser of the facility's costs as projected by the Department or the prospective class median rates of:

Type of Licensee	Type of Patient	Rate of Reimbursement
Hospital-based	Ventilator dependent	
Freestanding	Ventilator dependent	
Hospital-based	Nonventilator dependent	
Freestanding	Nonventilator dependent	

(b) Payments to nursing facilities with subacute care units for patients on bedhold receiving acute services shall be in accordance with section 51535.1(d).

(c) The provisions of section 51511 shall apply to subacute care units except for section 51511(a). Section 51511(c) shall apply to subacute providers with the exception of items included within the subacute rate pursuant to section 51511.5(d).

(d) Included within the subacute care per diem rate are all services, equipment and supplies necessary for the administration of the treatment procedures listed in the patient care criteria including but not limited to:

- (1) Oxygen and all equipment necessary for administration including positive pressure apparatus.
- (2) Ventilators, including calibration and maintenance.
- (3) Feeding pumps and equipment necessary for tube feedings, including formula.
- (4) Speech therapy.
- (5) Occupational therapy.
- (6) Physical therapy.
- (7) Equipment and supplies necessary for the care of a tracheostomy.
- (8) Lab, X-ray and transportation services.
- (9) Equipment and supplies for continuous IV therapy.
- (10) Equipment and supplies necessary for debridement, packing and medicated irrigation with or without whirlpool treatment.

(e) For purposes of this section, the rate year is August 1, 1996 through July 31, 1997.

(f) The facility's projected cost shall be based on the audit report findings of cost reports with fiscal periods ending January 1, 1994 through December 31, 1994. In the event that a facility's audit report findings do not include subacute ancillary costs, the facility's projected ancillary cost will be based on the median of the subacute ancillary costs of facilities that had audited ancillary cost.

(g) If the audit of a cost report is not issued by July 1, 1996, the Department shall establish an interim projected reimbursement rate based on the cost report with a fiscal period ending January 1, 1994 through December 31, 1994, adjusted by an audit disallowance factor of .96414.

(h) The Department will use the facility's interim projected reimbursement rate in the computation of the prospective class median rate. In addition, facilities that did not provide subacute care services to Medi-Cal patients during the cost report period and/or facilities with less than a full year's reported cost shall not be used to establish the prospective class median rate.

(i) If the facility has an interim reimbursement rate as specified in (g), when the audit report is issued or when the cost report is deemed true and correct under Welfare and Institutions Code Section 14170(a)(1), the Department shall adjust the facility's projected reimbursement rate retroactively to August 1, 1996 to reflect the cost determined pursuant to such audit, or to reflect the cost in the cost report in the event that cost report is deemed true and correct.

(j) Interest will accrue from August 1, 1996 and be payable on any such underpayment or overpayment at a rate equal to the monthly average received on investment in the Surplus Money Investment Fund (as referred

TN 98-015  
Supersedes  
TN \_\_\_\_\_

Page 490.2

Register 97, No. 20, 5-18-97

Approval Date

6/11/99

Effective Date August 1, 1998

Attachment 4.19-D  
Appendix 4  
Page 3

Title 22

Health Care Services

§ 51511.6

enced in the Welfare & Institutions Code Section 14171) during the month the audit report is issued.

(k) If a provider appeals an audit adjustment pursuant to Welfare & Institutions Code Section 14171, and there is a final determination that the audit findings inaccurately reflect the audited facility's projected costs, the provider shall be entitled to seek a retroactive adjustment in its reimbursement rate but the resulting reimbursement rate shall not exceed the prospective median rate as provided in subdivision (a).

(h) Payment under subsection (a) shall only be made for services authorized pursuant to conditions set forth in Section 51355.5 for patients determined to need subacute care services.

NOTE. Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Section 14132.25, Welfare and Institutions Code; and Statutes of 1996, Chapter 162, Items 4260-101-0001 and 4260-101-0890.

**HISTORY**

1. Certificate of Compliance as to 10-27-88 order including amendment of subsection (d) transmitted to OAL 2-24-89 and filed 3-27-89 (Register 89, No. 13). For prior history, see Register 89, No. 1.
2. Amendment filed 8-7-89 as an emergency; operative 8-7-89 (Register 89, No. 32). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 12-5-89.
3. Certificate of Compliance transmitted to OAL 12-3-89 and filed 1-2-90 (Register 90, No. 2).
4. Amendment filed 12-10-90 as an emergency; operative 12-10-90 (Register 91, No. 6). A Certificate of Compliance must be transmitted to OAL by 4-9-91 or emergency language will be repealed by operation of law on the following day.
5. Amendment of subsection (a) and heading filed as an emergency 3-14-91; operative 3-14-91 (Register 91, No. 14). A Certificate of Compliance must be transmitted to OAL by 7-12-91 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 12-10-90 order transmitted to OAL 4-8-91 and filed 5-8-91 (Register 91, No. 24).
7. Amendment of subsection (c) and repealer of subsections (e) and (f) filed 5-21-91 as an emergency pursuant to Statutes of 1990, chapter 456, section 36, p. 1658-1659; operative 5-22-91 (Register 91, No. 27). A Certificate of Compliance must be transmitted to OAL by 9-19-91 or emergency language will be repealed by operation of law on the following day.
8. Certificate of Compliance as to 3-14-91 order transmitted to OAL 7-11-91 and filed 8-9-91 (Register 91, No. 50).
9. Amendment of subsection (a) and NOTE filed 8-12-91 as an emergency; operative 8-12-91 (Register 92, No. 6). A Certificate of Compliance must be transmitted to OAL 12-10-91 or emergency language will be repealed by operation of law on the following day.
10. Certificate of Compliance as to 8-12-91 order transmitted to OAL 12-9-91 and filed 1-2-92 (Register 92, No. 18).
11. Amendment of subsection (c) refiled 1-22-92 as an emergency; operative 1-17-92 (Register 92, No. 25). A Certificate of Compliance must be transmitted to OAL 5-22-92 or emergency language will be repealed by operation of law on the following day.
12. Certificate of Compliance as to 1-22-92 order transmitted to OAL 5-22-92 and filed 7-6-92 (Register 92, No. 28).
13. Amendment of subsection (a) and NOTE filed 12-3-92 as an emergency; operative 12-3-92 (Register 92, No. 49). A Certificate of Compliance must be transmitted to OAL 4-2-93 or emergency language will be repealed by operation of law on the following day.
14. Certificate of Compliance as to 12-3-92 order transmitted to OAL 4-2-93 and filed 5-14-93 (Register 93, No. 20).
15. Amendment of subsection (a) and NOTE filed 3-24-93 as an emergency; operative 3-24-93 (Register 93, No. 35). A Certificate of Compliance must be transmitted to OAL by 12-22-93 or emergency language will be repealed by operation of law on the following day.
16. Amendment of subsection (a) and NOTE refiled 12-20-93 as an emergency; operative 12-20-93 (Register 93, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-21-94 or emergency language will be repealed by operation of law on the following day.
17. Certificate of Compliance as to 12-20-93 order transmitted to OAL 3-22-94 and filed 4-28-94 (Register 94, No. 17).
18. Amendment of subsection (a), new subsections (e)-(h) and amendment of NOTE filed 10-16-95 as an emergency; operative 10-16-95 (Register 95, No. 42). A Certificate of Compliance must be transmitted to OAL by 2-13-96 or emergency language will be repealed by operation of law on the following day.
19. Editorial correction of HISTORY 18 (Register 96, No. 6).
20. Amendment of subsection (a), new subsections (e)-(h) and amendment of NOTE refiled 2-5-96 as an emergency; operative 2-5-96 (Register 96, No. 6). A Certificate of Compliance must be transmitted to OAL by 6-6-96 or emergency language will be repealed by operation of law on the following day.
21. Certificate of Compliance as to 2-5-96 order transmitted to OAL 6-4-96 and filed 7-12-96 (Register 96, No. 28).
22. Amendment of subsections (a), (e)-(g) and (i)-(j) and NOTE filed 9-19-96 as an emergency; operative 9-19-96 (Register 96, No. 38). A Certificate of Com-

pliance must be transmitted to OAL by 1-17-97 or emergency language will be repealed by operation of law on the following day.

23. Certificate of Compliance as to 9-19-96 order transmitted to OAL 1-17-97 and filed 3-3-97 (Register 97, No. 10).

**§ 51511.6. Nursing Facility Services — Pediatric Subacute Care Reimbursement.**

(a) The per diem rates of reimbursement for pediatric subacute services as defined in Section 51355.6(a) shall be as follows:

Licensure	Type of Patient	Effective Until 7/31/97 for Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara Counties	Effective Until 7/31/97 for All Other Counties	Effective on 8/1/97 Statewide
Hospital Based	Ventilator Dependent			
Hospital Based	Non Ventilator Dependent			
Free standing	Ventilator Dependent			
Free standing	Non-Ventilator Dependent			

(b) The per diem rate of reimbursement for supplemental rehabilitation therapy services shall be [REDACTED]. This rate shall include payment for physical therapy, occupational therapy and speech therapy services provided in accordance with Section 51215.10(i) through (m).

(c) The per diem rate of reimbursement for ventilator weaning services shall be [REDACTED]. This rate shall include respiratory care practitioner and nursing care services provided in accordance with Section 51215.11.

(d) Payment to nursing facilities with pediatric subacute units for patients on bedhold receiving acute services shall be in accordance with Section 51535.1(d).

(e) The provisions of Section 51511 shall apply to pediatric subacute units except for Section 51511(a). Section 51511(c) shall apply to pediatric subacute units except as provided for in 51511.6(f).

(d) The pediatric subacute per diem rate includes the following:

- (1) Equipment and supplies necessary for continuous intravenous therapy;
- (2) Oxygen and all equipment necessary for administration including positive pressure apparatus;
- (3) Ventilators, including calibration and maintenance;
- (4) Registered Dietician consultant services;
- (5) Respiratory therapy services;
- (6) Physical, occupational and speech therapy services, as specified in Section 51215.10(b);
- (7) Developmental services;
- (8) Service Coordinator activities.

NOTE. Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Section 14132.25, Welfare and Institutions Code; and Statutes of 1996, Chapter 162, Items 4260-101-0001 and 4260-101-0890.

**HISTORY**

1. New section filed 4-13-94 as an emergency; operative 4-1-94. Emergency adoption submitted to OAL for printing only pursuant to section 4, AB 36 (chapter 1030, Statutes of 1993) (Register 94, No. 15).
2. Certificate of Compliance as to 4-13-94 order including amendment of section transmitted to OAL 9-26-94 and filed 10-20-94 (Register 94, No. 42).
3. Editorial correction of subsection (d)(3) and HISTORY 1 and 2 (Register 95, No. 14).
4. Amendment of subsection (a) and NOTE filed 9-19-96 as an emergency; operative 9-19-96 (Register 96, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-17-97 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 9-19-96 order transmitted to OAL 1-17-97 and filed 3-3-97 (Register 97, No. 10).
6. Amendment of section and NOTE filed 6-30-97 as an emergency; operative 6-30-97 (Register 97, No. 27). A Certificate of Compliance must be transmitted to OAL by 10-28-97 or emergency language will be repealed by operation of law on the following day.

TN 98-015  
Supersedes  
TN \_\_\_\_\_

Page 490.3

Register 97, No. 27, 7-4-97

Approval Date 6/11/99

Effective Date August 1, 1998